


UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RC-274198Date Filed
3/16/2021

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

Kaiser Foundation Hospitals		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Kaiser Permanente Moanalua Medical Center 3288 Moanalua Rd, Honolulu, HI 96819	
3a. Employer Representative - Name and Title: Richard D. Rosas, Senior Director Labor Relations, SCAL/Hawaii Markets		3b. Address (if same as 2b - state same): 393 E Walnut St, Pasadena, CA 91188	
3c. Tel. No. (626) 405-5698	3d. Cell No.	3e. Fax No. (626) 405-6739	3f. E-Mail Address Richard.D.Rosas@kp.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital/Medical Facility		4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Honolulu, HI
5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A		6a. Number of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) National Union of Healthcare Workers (NUHW)		8b. Address: 1250 45th Street, Suite 200 Emeryville, CA 94608	
8c. Tel. No. (510) 834-2009	8d. Cell No.	8e. Fax No. (510) 834-2019	8f. E-Mail Address
8g. Affiliation, if any: None		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): April 19, 2021	11c. Election Time(s): N/A	11d. Election Location(s): N/A	
12a. Full Name of Petitioner (including local name and number): National Union of Healthcare Workers (NUHW)		12b. Address (street and number, city, State and ZIP code): 1250 45th Street, Suite 200 Emeryville, CA 94608	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): None			
12d. Tel. No. (510) 834-2009	12e. Cell No.	12f. Fax No. (510) 834-2019	12g. E-Mail Address rdraper@nuhw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Latika Malkani Counsel for NUHW		13b. Address (street and number, city, State and ZIP code): Siegel LeWitter Malkani 1939 Harrison Street, Suite 307, Oakland, CA 94612	
13c. Tel. No. (510) 452-5000	13d. Cell No.	13e. Fax No. (510) 452-5004	13f. E-Mail Address lmalkani@sl-employmentlaw.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Latika Malkani	Signature 	Title Counsel for NUHW	Date 03/15/21

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Attachment A

to RC Petition filed by National Union of Healthcare Workers (NUHW)
for an *Armour-Globe* election to add Inpatient Medical Social Workers to existing unit

5b. Description of Unit Involved:

Included: All full-time and regular part-time Professional employees employed by the employer in the state of Hawai'i in the following job classification:

Inpatient Medical Social Workers

These employees are petitioning to join an existing NUHW-represented unit in Hawai'i and request an *Armour-Globe* election. The existing NUHW-represented bargaining unit is the Integrated Behavioral Health (IBH) unit, which is described as follows: "All full-time and regular part-time Professional employees employed by the Employer in its Behavioral Health Services Department in the state of Hawai'i, but excluding all other employees, service, technical, managers, confidential employees, guards, physicians, office clericals, maintenance employees, registered nurses (RNs), postdoctoral residents, and supervisors as defined by the Act." (See Certification of Representative issued 9/14/18 in Case 20-RC-224603.)

Excluded: All other employees, service, technical, managers, confidential employees, guards, physicians, office clericals, maintenance employees, registered nurses (RNs), postdoctoral residents, and supervisors as defined by the National Labor Relations Act